

Allergy Injections Student Instructions/Responsibilities and Informed Consent

1. The student is responsible for providing their allergist with a copy of the letter explaining University of Maryland University Health Center (UHC) policy on receiving Immunotherapy, IT (allergy shots). All necessary information must be received and reviewed by our nurses prior to starting allergy injections. We will not administer injections from inadequately labeled vials or if a physician's instructions are missing or incomplete. If a student has a history of severe reactions we reserve the right to refuse to administer injections in our clinic. (The student will be referred to local allergists.) **We will administer a maximum of 3 injections per patient.**
2. All **new** Allergy Clinic patients are required to meet with a University of Maryland University Health Center medical provider to be cleared to have allergy shots administered at the University. All necessary information must be reviewed during the appointment by the medical provider prior to starting allergy injections.
3. The student is responsible for making and keeping allergy shot appointments during allotted times at the UHC. \$25 cancellation fee will apply to missed appointments.
4. The student agrees to alert the nurse of any reaction to the allergy shot both immediate and delayed.
5. The student is responsible for reading and understanding the Allergy Immunotherapy Instructions.
6. The student is responsible for arranging their own injections while they are away from campus.
7. The student is responsible for checking out their serum and a copy of their record during the holiday periods and at the end of the academic year.
8. The student is responsible for ordering antigens from their allergist and bringing antigen(s) to the UMDUHC.
9. The student is responsible for arranging times for allergy shots and for keeping appointments. It is our policy to require that all students remain in the clinic for 30 minutes after the injection so we can observe for a reaction.
10. **Shot Reactions are generally mild and include:**
 - Burning or itching at the injection site
 - Swelling or hives at the injection site
 - Generalized hives (welts)
 - Nasal congestion and/or "runny nose" with itching of ears, nose, or throat and/or sneezing
 - Itchy watery or red eyes
 - Swelling of tissue around the eyes, the tongue or throat
 - Stomach or uterine (menstrual-type) cramps

Occasionally more severe reactions include wheezing, cough, and shortness of breath.

Rare Complications are:

- Abnormalities of the heart beat
- Loss of ability to maintain blood pressure and pulse

11. Severe reactions involving the heart, lungs and blood vessels could be fatal. However, if recognized and treated early the risk is reduced.
12. I am aware that allergy injections **MUST NOT** be given to patients taking or using “Beta Blocker” drugs. These drugs increase the likelihood of systemic reactions and make such reactions more difficult to reverse.

I certify that I am not taking or using these drugs now, and if in the future these drugs are prescribed for me, I agree to inform the Allergy Clinic Nurse at that time. Some examples of “Beta Blockers” are:

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| • Betapace | • Normdyne |
| • Betoptic (Bexaxotol Propranolol) | • Inderal |
| • Blocadren (Timolol) | • Sectral |
| • Cartol | • Tenoretic (Atenolol & Chlorthalidone) |
| • Corgard (Nadolol) | • Tenormin (Atenolol) |
| • Corzide (Nadolol & Bendroflumethiazide) | • Timolide (Timolol & Hydrochlorthiazide) |
| • Inderal (Propranolol) | • Timoptic (Timolol) |
| • Inderide (Propranolol & Hydrochlorthiazide) | • Trandate |
| • Kerlone | • Visken (Pindolol) |
| • Levatol | • Zebeta |
| • Lopressor (Metoprolol) | • Ziac |

13. I hereby give consent to the University of Maryland Health Center for allergy immunotherapy and I further consent to the performance of such additional procedures as are indicated or considered necessary in the judgement of the treating physician to treat any reactions to the allergy injections.
14. I have been fully informed of the risks connected with the performance of allergy immunotherapy. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the allergy immunotherapy.

I have read the above and agree to comply with the above policy:

Student’s signature _____

Date _____

UID _____

Reviewed 1/2021